MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/720088
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51						
2		I					52						
3		I					53						
4		I					54						
5		I					55						
6		I					56						
7	I						57						
8		I					58						
9		I					59						
10		I					60						
11		I					61						
12	I						62						
13							63						
14							64						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.		9					TOTAL DEP.						
TOTAL CLAIMS	12						TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS